

Rm. B-11, MUNICIPAL BLDG.  
245 DEKOVEN DRIVE  
MIDDLETOWN, CT 06457-3460

Questions? Call 860.638.4510 or  
**arts@middletownct.gov**

## GRANT APPLICATION

### »»»»» CATEGORY 1

**Please download to your device.  
Doing so will enable you to work  
on it while saving any data you  
enter, until you are ready to submit  
the completed application.**

Email:

APPLICANT:

Phone:

ADDRESS:

City:

State:

Zip:

PERSON RESPONSIBLE (if other than applicant):

SPONSORING ORGANIZATION:

ADDRESS:

City:

State:

Zip:

Contact Person:

Grant Request:

Total Budget:

Briefly describe the project or purpose (*i.e.*, *General Operation Support*) for which Commission's grant funds are requested:

**The following date must be filled in or application will be returned.** ➡

Completion Date:

**FOR PROJECT GRANTS, PLEASE PROVIDE THE FOLLOWING:**

Date(s) of Project:

Location(s) of Project:

Will project take place without MCA funding? ☐ YES ☐ NO The information so far provided is: ☐ firm ☐ tentative

Are you seeking other funding support? ☐ YES ☐ NO If YES, please list other funding sources:

List dates of past grants or funding from the MCA (Include amount of grant/funding received):


Please provide a complete account of the sources and amounts of funds budgeted for the project or General Operating Support (GOS), including ticket sales and requested MCA funds:

INCOME: SOURCE	AMOUNT (check if confirmed)	
MCA (Middletown Commission on the Arts)		
TOTAL		

Please provide a complete account of the anticipated recipients of funds and amounts to be expended on the project or GOS. This information should reflect how you intend to use the MCA funds:

EXPENDITURES: RECIPIENT	AMOUNT
TOTAL	

IF ADDITIONAL ROOM IS NEEDED TO COMPLETE BUDGET INFORMATION, SUBMIT YOUR BUDGET ON A SEPARATE DOCUMENT.

If you anticipate income beyond your expenses, please show that amount here   and explain below how that income will be used.

– ATTACH YOUR PRIOR YEAR BUDGET, OR EXPLAIN ITS ABSENCE, ON A SEPARATE DOCUMENT. –

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Describe any anticipated free (in-kind) services for your project or for your fiscal year GOS:

Please describe how you will promote/publicize your project/organization *and credit the MCA for funding support.*

Please check the areas that reflect the make-up of your intended audience:

☐ Senior ☐ Minority ☐ Handicapped ☐ Adults ☐ Youth ☐ Children ☐ General

How large an audience do you expect? Per presentation:  Total:

How many participants (*not including audience*) will be involved in the project?

Will you be selling 1) tickets ☐ YES ☐ NO Price:  2) program ads? ☐ YES ☐ NO Price:

Do you anticipate that your project/organization will impact the citizens of Middletown? Please explain how in box below.

**NOTE:** APPLICANTS ARE ADVISED TO RETAIN A COPY OF THE COMPLETED APPLICATION AS SUBMITTED TO THE MCA.

Date:

**RETURN COMPLETED GRANT APPLICATION TO:**

City Arts & Culture Office  
Rm. B-11 • Municipal Bldg.  
245 deKoven Drive  
Middletown, CT 06457-3460

Authorized Applicant Signature

Authorized Applicant Name

Authorized Applicant Title